

## MILITARY TECHNICIAN COMPATIBILITY WAIVER REQUEST

### Individual Data

Name:		SSAN:	Tech Unit:
Tech Position Title:		PP-Series-GD:	Position Description #:
Military Grade:	Military Title:	Military Unit:	DMOS/DAFSC:

### Waiver Type, Justification, and Supervisor Certification

I request a compatibility waiver be granted for the above named individual for: (check one)

<input type="checkbox"/>	<i>Duty Military Occupational Skill or Duty Air Force Specialty Code.</i> An accommodation for a technician being assigned outside a compatible position for up to two years.
<input type="checkbox"/>	<i>Command/Leadership.</i> Waiver for up to four years to permit assignment to any of the following positions: Commander, Platoon Leader, Command Sergeant Major, Command Chief Master Sergeant, or First Sergeant. NOTE: Only one waiver can be approved for each position listed during his/her career. Indicate in the justification which position the waiver is requested.
<input type="checkbox"/>	<i>Reorganization.</i> Waiver when the military assignment/technician assignment is changed through no fault of the technician due to reorganization or downsizing. Such accommodation is valid only while the incumbent occupies the position until he/she is reassigned to a compatible position.
<input type="checkbox"/>	<i>Temporary Promotion.</i> An accommodation when military technicians fill positions through temporary promotion exceeding 120 days or the Understudy Program.

Justification:

(May be continued on a separate piece of paper, as needed)

Supervisor Name/Title:	Signature/Date:	Supervisor Phone #:
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### Commander/Director Certification

I concur with this request.

Name/Title:	Signature/Date:
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### Directorate for Human Resources Use Only

Waiver Type Granted:	Expires:
	DCPDS Input:
Approval Official's Name/Title:	Approval Official's Signature/Date:

Remarks: